

# CHARTING THE COURSE FOR THE FUTURE:

## The New Mexico Behavioral Health Transformation Process – Lessons Learned

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# WHY IS NEW MEXICO CHANGING?

- Often insufficient & inappropriate services
- Lack of common agreement about goals and outcomes
- Not maximizing resources across funding streams
- Multiple disconnected advisory groups & processes
- Fragmentation (different departments, funding streams, service definitions, data systems, and oversight mechanisms for Medicaid, non-Medicaid adults, children, people coming out of prisons, and individuals charged with DWI)
- Duplication of effort & infrastructures at state & local levels (8 different overlapping local administrative infrastructures)
- Higher administrative costs for providers (multiple contracts for similar services and populations)
- Insufficient or duplicative oversight of providers & services – little attention to quality

# GUIDING CONTEXTS

- **Behavioral Health Gaps and Needs Analysis in New Mexico – 2002**
- **President’s New Freedom Commission Report – 2003**
- **New Mexico Behavioral Health System History – since 1997**
- **New Administration That Wanted to Be Active, Bold and Innovative – “New Mexico on the Move” – since January 2003**

# **VISION: Quality BH Care Promotes Recovery/Resiliency**

**The State of New Mexico is designing a single BH delivery system in which**

- Available funds managed effectively & efficiently**
- Support of recovery & resiliency expected**
- Mental health promoted**
- Adverse effects of substance abuse & mental illness prevented or reduced**
- Customers assisted in participating fully in the life of their communities**

# **VISION:**

## **Quality BH Care Promotes Recovery/Resiliency**

**Statutory Language: Primary purpose of this model: to develop an efficient quality-driven statewide system of behavioral health care that**

- **Promotes behavioral health and well being of children, adults and families;**
- **Encourages a seamless system of care that is accessible and continuously available; and**
- **Emphasizes health promotion, prevention & early intervention, resiliency, recovery and rehabilitation.**

# WHAT'S HAPPENED SO FAR?

- **Interagency BH Purchasing Collaborative formation**  
– September 2003 Press Release; HB 271 effective May 19, 2004
- **BH Planning Council established – per HB 271**
- **Cross-agency staff workgroups activated (a “virtual department” across agencies, not a reorganization)**
- **Local Collaboratives being developed within five common geographical regions and a sixth common “region” for Native American populations)**
- **RFP issued, proposals reviewed, vendor selected**
- **Contract negotiated with ValueOptions**

- **Common service definitions developed (still pending: Community Support Services, children's residential)**
- **Evaluation efforts and resources in process of being obtained**
- **Executive Order to address licensing and credentialing of professional workforce (psychologists, social workers and counseling professions)**
- **Consortium for BH Training and Research (CBHTR) conceived with new Department of Higher Education to address workforce/evidence-based practices**

# THE COLLABORATIVE

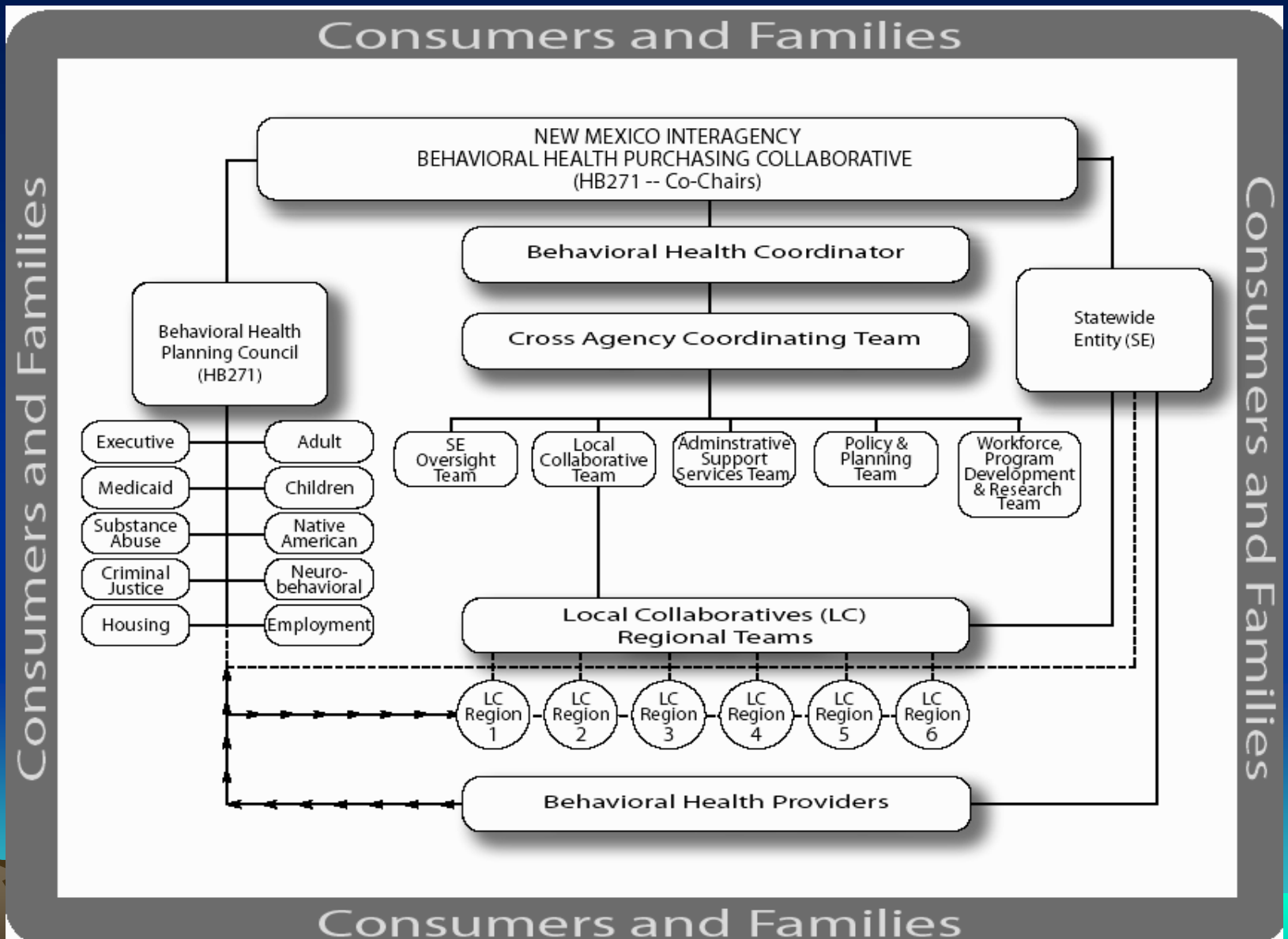
## Departments:

- Human Services
- Health
- Children, Youth & Families
- Corrections
- Aging & Long Term Services
- Public Education
- Transportation
- Labor
- Indian Affairs
- Finance & Administration
- Division of Vocational Rehabilitation
- Admin. Office of the Courts
- Mortgage Finance Authority
- Health Policy Commission
- Developmental Disabilities Planning Council
- Governor's Commission on Disability
- Governor's Health Policy Advisor

# COLLABORATIVE STATUTORY DUTIES

- Identify BH needs statewide
- Give special attention to regional differences: cultural, rural, frontier, urban, & border issues
- Seek/consider suggestions of Native Americans
- Inventory all MH and SA expenditures
- Plan, design and direct A statewide BH system
- Contract for operation of one or more BH entities to ensure availability of services (Collaborative decided to do one)
- Develop a comprehensive statewide BH plan

# THE COLLABORATIVE



# FIRST PHASE GOALS (FY06)

- **Consumers/families continue to be served with a smooth transition**
- **Providers continue to be paid in a timely fashion**
- **State and federally required data are collected and reported**
- **Performance & outcomes are maintained as they have been up to this point**

# PHASE ONE ACTIVITIES

- Focus on customer/family, provider transitions
- Development of Local Collaboratives
- Development of administrative supports (for ~\$350 million state and federal dollars from six departments)
- Role of Statewide Entity in supporting transition – cross-agency state team “readiness reviews”
- Development of evaluation plans
- Negotiation of system performance indicators and customer outcomes for Phases Two and Three
- Beginning workforce development
- Stronger focus on telehealth approaches in rural areas (including work with new Telehealth Commission, implementation of SBIRT and Congressional Appropriation on telehealth for rural BH)

# BEYOND PHASE ONE

**(Phase Two = FY 07 & FY 08; Phase Three = FY 09)**

- **Inclusion of new funding streams/services (\$50-\$100 million additional state and federal funds)**
- **Increase in evidence-based practices (and practice-based evidence)**
- **Increased workforce development activities**
- **Improved system performance/efficiency**
- **Streamlined and user-friendly systems for providers, customers**
- **Improved customer/family outcomes focused on recovery and resiliency**

# WHAT HAVE WE LEARNED?

- **Social capital & culture (from current culture to a culture of change and excellence)**
- **Time & resource requirements**
- **Details & data vs. the Big Picture (eye on the longer-term vision while attending to current details)**
- **Importance of executive/legislative support**
- **Change management challenges**
- **Transparency & participation**
- **Impact of strong leadership (at secretary, Gov, legislative, staff and stakeholder levels)**
- **Real meaning of “partnership” (give and take; need to sustain the engagement and interest)**

# BROMIDES FOR TRANSFORMATION

- **Look for and take opportunities that present themselves**
- **Do something – anything – act!**
  - rather than build a bridge to cross the chasm; leap and then realize you need to learn to fly
- **Find partners and give them what they need**
- **Work hard – extra – above and beyond; you have to want it – BAD!**
- **Consumers/families have to want it, work for it, trust it**
  - harness the natural desire of consumers/families for change and improvement; it's about our systems/jobs, but it's about their lives

# BROMIDES FOR TRANSFORMATION

- **Make your Governor look good; it's about the politics!**
- **Don't surprise legislators or key constituencies; it's about trust! (own your mistakes)**
- **Put it in economic terms; it's about the money!**
- **Be able to explain it to your kids or your grandparents on a four floor elevator ride – the mayonnaise story; it's about the message!**
  - Engage the media and the public